

**WAIVER OF COUNSEL/REQUEST TO SECURE COUNSEL**  
CHICAGO POLICE DEPARTMENT

NAME OF ACCUSED	RANK	STAR NO.	UNIT OF ASSIGNMENT
SEGO, John	PO	16424	017

☐ WAIVER OF COUNSEL

I, the undersigned, hereby acknowledge that I have received and read the charges/allegations against me and I knowingly and voluntarily wish to proceed with the hearing, examination or interrogation without having counsel of my own choosing present to advise me during this hearing, examination or interrogation.

Date-Time \_\_\_\_\_ Signature \_\_\_\_\_

☒ REQUEST TO SECURE LEGAL COUNSEL

I, the undersigned, having been advised of my right to counsel of my own choosing at all hearings, examinations and interrogations in connection with the charges/allegations against me which have been given to me in writing and receipt of which is hereby acknowledged, elect to secure the services of counsel and agree to proceed with said hearing, examination or interrogation at

2120 hours, on 24 MAR 14 204 in Room 611 call

\_\_\_\_\_ Chicago, Illinois, at which time said hearing, examination or interrogation shall be commenced. By placing my signature upon this statement, I affirm my wish to secure said counsel and agree to comply with Department hearing, examination or interrogation scheduled on the date aforesaid.

Date-Time 2120 hrs 21 MAR 14 Signature P.O. JS 16424

WITNESSES

[Signature] 7069

DISTRIBUTION  
COMPLAINT REGISTER INVESTIGATION

Original to Investigator's file  
Duplicate to affected member

CPD-44.106 (Rev. 6/06)

COMPLAINT REGISTER NO. 1049229

ATTACHMENT NO. 27